

CAMPAIGN FINANCE DIVISION

☒ WAIVER REQUEST
☐ RECONSIDERATION REQUEST

DATE: 1/20/2022

DOCKET#:

FILER INFORMATION

Name: Vincent Jemison
Office: Councilman, Metro District 2
Parish: EAST BATON ROUGE
Election Date: 11/3/2020
Level of Office: District

REPORT INFORMATION

Name of Report: 10-P
Original Due Date: 10/26/2020
Date Filed: 11/5/2020
Activity Receipts: \$150.00
Expenditures: \$149.00
Funds at Close of Reporting Period: \$ 147.08

LATE FEE INFORMATION

Amount of Late Fee: \$600
Days Late: 10
Late Fee Order Received: 7/27/2021
Payment/Waiver Request Due Date: 8/16/2021
Waiver Request Received: 8/1/2021
Additional Information Requested:
- Medical
X - Financial
- Other

COMMENTS: He must admit that he did not know everything he needed to know about running an election: All he believed was that he wanted to make a difference in his community. The bottom line is, he did not have a team to assist him at all and especially in one of the most essential areas of this venture and that was fundraising and maintaining the reporting of his campaign finances. As a result, he did not raise very much money during his race and even though the experience was great, he will not venture in politics again. As when he was running, he was living on a fixed income and relied on most of that income to fund his campaign and to survive, even to this day. It is here that he sincerely ask for full consideration that the late fee assessment be waived; to pay the late fee will be a tremendous financial hardship.

OTHER LATE FEE INFORMATION

Campaign Finance:

Other Outstanding Reports: No
Other Outstanding Late Fees: No
Prior Late Fees: No
Reassessed Late Fees: No

Disclosure Statements:

Other Outstanding Late Fees: No
Prior Late Fees: No

August 1, 2021

Ms. Melissa Horn
Louisiana Board of ethics
PO Box 4368
Baton Rouge, LA 70821

SUBJECT: Request for a Waiver for the November 3, 2020, Election 10-P Campaign Finance Disclosure Report

Dear Ms. Horn,

I am writing this letter to request full consideration that my late fee assessment for the November 3, 2020, Election 10-P Campaign Finance Disclosure Report be waived in light of the financial hardship I am experiencing. When I took on this journey to run for council person, I must admit that I did not know everything I needed to know about running an election: All I believed was that I wanted to make a difference in my community. The bottom line is, I did not have a team to assist me at all and especially in one of the most essential areas of this venture and that was fundraising and maintaining the reporting of my campaign finances. As a result, I did not raise very much money during my race and even though the experience was great, I will not venture in politics again.

I have to say that I have relied on your staff to assist me to ensure that I met all the reporting for my campaign. Overall, if not for the professional compassion of you and your staff, I would have probably not been able to keep my records straight. I have spoken with my fiancé about my future in politics and she and I have come to agreement that even though my attentions to provide my years of leadership as a veteran could have been a welcomed, it is in my best interest to leave the world of politics. As when I was running, I was living on a fixed income and relied on most of that income to fund my campaign and to survive, even to this day. It is here that I sincerely ask for full consideration that the late fee assessment be waived; to pay the late fee will be a tremendous financial hardship.

I ask that the Board of Directors understand my circumstances for my request. Again, I humbly ask that you waive the assessed late fee. It is against my nature to miss a deadline and I am very embarrassed that it has happened. Thank you for your time and attention to this matter. If you have any additional questions, please contact at (225)303-3658 mobile.

Sincerely,



Vincent D. Jemison

ETHICS BOARD REC'D
AUG 12 '21 PM 1:50

FAX

TO: Ms. Melissa Horn

FROM: Vincent Jemison

FAX: (225)381-7271

FAX:

PHONE: (225)219-5600

PHONE: (225)303-3658

SUBJECT: REQUEST WAVIER

DATE: August 8, 2021

NO. PAGES: 2

COMMENTS:

Hello Ms. Horn,

Please find faxed my request for a waiver for the November 3, 2020, Election 10-P Campaign Finance Disclosure Report.

Sincerely,

Vincent Jemison

ETHICS BOARD REC'D
AUG 12 '21 PM 1:49



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PRESS



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UNITED STATES PRIORITY MAIL

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Overnight Priority

E ENVELOPE
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INSURED



No. of Items
EPI If May 2020
QZ: 12 1/2 x 9 1/2

To schedule free Package Pickup,
scan the QR code.



USPS.COM/PICKUP

FROM:

Vincent Jenison
PO Box 74512
Baton Rouge, LA 70874

Box 74512

TO:

Ms. Melissa Hoken
LA Board of Ethics
PO Box 4368
Baton Rouge, LA 70821



STATE OF LOUISIANA
DEPARTMENT OF STATE CIVIL SERVICE
LOUISIANA BOARD OF ETHICS
P. O. BOX 4368
BATON ROUGE, LA 70821
(225) 219-5600
FAX: (225) 381-7271
1-800-842-6630
www.ethics.la.gov

January 20, 2022

Vincent Jemison
P.O. Box 74512
Baton Rouge, LA 70874

RE: Ethics Board Docket No.: 2022

Dear Vincent Jemison:

You recently requested a waiver of the late fee assessed against you for filing your campaign finance disclosure report late in connection with the November 3, 2020 election. In the request, you stated that you are a veteran on a fixed income and paying the fine would be a financial hardship. If you would like the Board to consider your financial situation, you must provide documentation verifying your claim. Please complete the enclosed form and return it along with your most recent benefits statement or tax return. The information you provide will only be reviewed by the Ethics Board.

Should you have any questions, please contact me at the above number.

Please submit the documentation to the above address by **February 23, 2022**.

Sincerely,

LOUISIANA BOARD OF ETHICS

Melissa Horn

Financial Statement for VINCENT D. JEMISON (Filer Name)Married: Y ☒ N

Spouse's name (if applicable): _____

Name	Age	Relationship	Contributes to household income?
Dependents (include claimed dependents and other persons living in your household):			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

Employment of Filer and Spouse

Filer / Spouse	Name of Employer	Occupation	Frequency of Payment (weekly, monthly, etc.)	Ownership Interest in Employer? If "Yes", percentage of ownership, type of business (ie: sole proprietorship, C corporation, subchapter S, LLC, etc), and position with company (ie: officer, director, partner, etc.)
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____

Cash and Investments over \$1,000 (select all that apply): ☐ Cash ☐ Checking ☐ Savings ☐ MoneyMarket ☐ CD

Property in which own or are buying (if additional space is needed, include as an attachment)

Property description (residential, commercial, farmland, investment, etc.)	Location (parish/county and state)

Required Attachments:

- Monthly Household Income/Expense Form
- Copy of most return tax return/schedules filed by filer, spouse and/or business
- Most recent bank statements for checking and savings disclosing balance of accounts

I hereby certify that the above-provided information and attachments are true and correct to the best of my knowledge, information and belief.

Signature_____
Date

MONTHLY HOUSEHOLD INCOME/EXPENSE FORM for VINCENT JD. JEMISON (Filer Name)

Monthly Household Income

Income Type		Monthly Amount
Filer	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Spouse	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Dependents	Contribution to Household Income	
Interest/Dividends/Distributions from Investments		
Rental Income		
Income from Business		
Child Support		
Alimony		
Total Monthly Income		

Monthly Household Expenses

Expense Type	Monthly Amount
Housing (mortgage or rent)	
Vehicle (loan or lease)	
Public Transportation Costs	
Health Insurance	
Court-ordered expenses	
Student loans	
Other Loans - provide description	
Utilities	
Food, personal products, etc.	
Childcare	
Other Expenses (Provide Description)	
Total Monthly Expenses	